



Rise and Shine Preschool
 All Saints Lutheran Church
 5501 148th Ave NE, Bellevue, WA 98007
 Director: Paix Irigon (425) 691-8325 preschool@allsaints-lcms.com

Enrollment Application 2017-2018

Please check desired class: *(This does not guarantee admission into your desired class)*

3-day (Mon, Wed, Fri)	<input type="checkbox"/> 9:30-12:30	<input type="checkbox"/> 1:30-4:30
2-day (Tue, Thurs)	<input type="checkbox"/> 9:30-12:30	<input type="checkbox"/> 1:30-4:30

Student Information

Child's Name _____ Boy ___ Girl ___
 Nickname _____ Date of Birth _____
 Parent's Names: Mom _____ Phone # _____
 Dad _____ Phone # _____
 Phone # to call first _____
 Address _____ City _____ Zip _____
 Email(s) _____
 Siblings (Name and Age) _____

Other than you, who else has permission to pick up your child?

Name	Phone #	Relationship to child

Religious Beliefs *(This section is optional)*

What is your family's religious belief (if any) _____ Does your family attend church _____ (Y/N)
 If yes, Church name and location _____

Medical Information

Doctor's Name or Provider _____ Phone # _____
 Special health problems? _____ (Y/N) If yes, specify _____
 Known Allergies? _____ (Y/N) If yes, specify _____
 Other important information (e.g. Dietary) _____

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Emergency Information

People to be contacted if parents are unavailable:

Name	Phone #	Relationship to child

Permission for medical treatment: I, _____, the parent or guardian hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member of All Saints Lutheran Church, I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent for such treatment. I realize that the school and church will not assume responsibility for payment of medical fees or expenses incurred.

Signed _____ Date _____

Parent Contract

_____ (Initial) I understand that tuition fees are due the 1st of the month and if not paid by the 10th, I am responsible for paying a \$30 late fee.

_____ (Initial) I acknowledge my child is completely toilet trained (not using diapers or pull-ups), and a result of multiple potty accidents in a few weeks, may result in my child being temporarily withdrawn until he or she is potty trained.

_____ (Initial) I understand that no credit will be given for absences due to vacations, illness, and holidays. I will also give two weeks written notice if I plan to withdraw my child from preschool.

_____ (Initial) I understand that changes to this contract can only be made with director approval and Rise and Shine preschool reserves the right to adjust preschool schedule as needed upon 30 day notice.

_____ (Initial) **\$75 non-refundable registration fee due upon enrollment confirmation**

Office Use Only		
Date of enrollment	Amount and method of payment	Authorized staff signature